

Name
in
Full

Annie E. Austen

CERTIFICATE OF DEATH

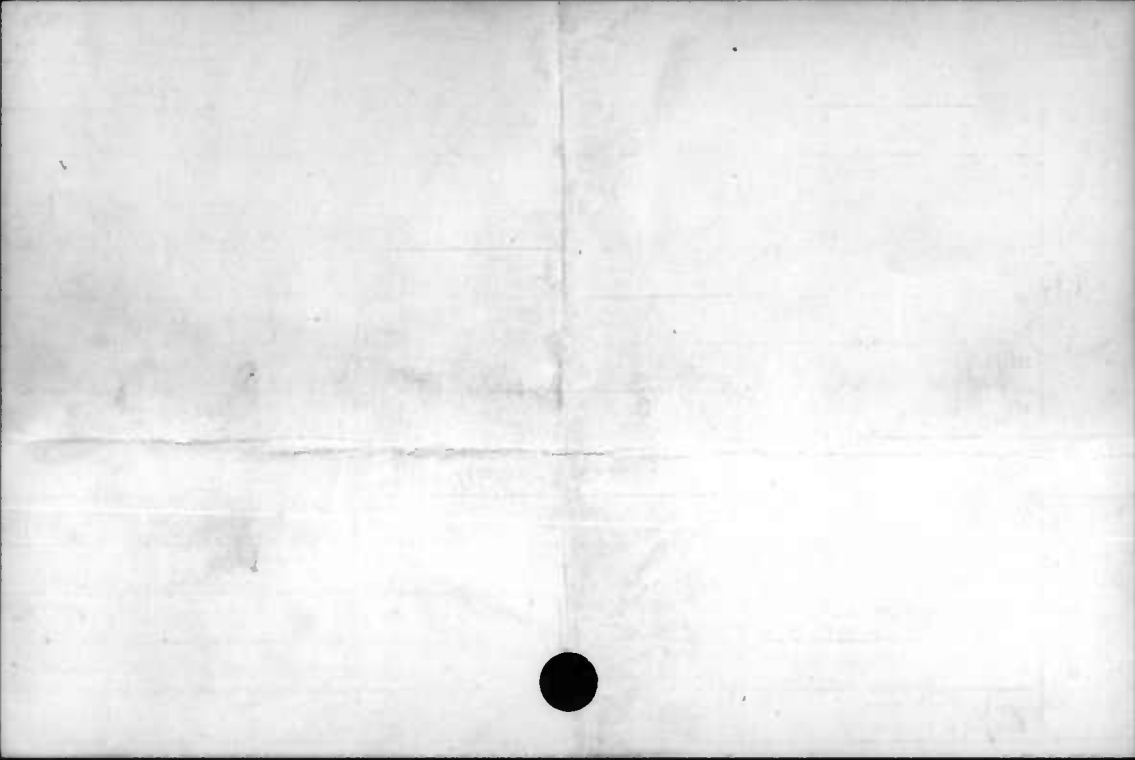
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Vernon</i>		Town		<i>Somerset</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>9</i>		Age <i>6-1</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Somerset</i>		Months		Days	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Mt Vernon</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>J. Isaac Austen</i>							
Father's Name <i>W. Read</i>		Father's Birthplace <i>Somerset</i>							
Mother's Maiden Name <i>Harriet Ross</i>		Mother's Birthplace <i>Somerset</i>							
Name of person giving Information <i>Grady Austin</i>		How related to deceased <i>Son</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Hear failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr R. M. Smith M.D.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

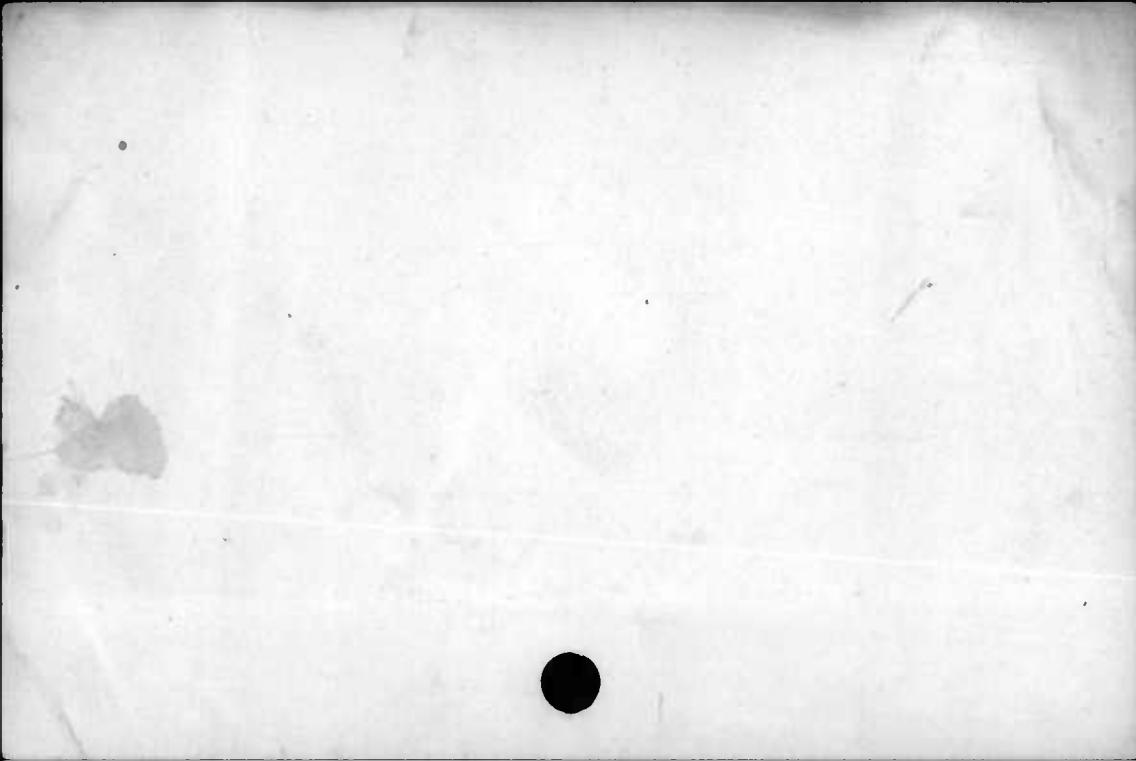
TO BE ANSWERED BY
NEAREST FRIEND

Edith G. Black

Died at *Seal's Island* ^{Town} *Somerset* ^{County} *MARYLAND*Date of death *1905* ^{Month} *Sep* ^{Day} *11* ^{Years} *24* ^{Months} ^{Days} Sex *Female* Color or Race *Black* Birth-place *Seal's Island*Occupation *House wife* Where Residing if not at place of death *Seal's Island*Married, Single or Widowed *Married* Name of Wife or Husband *William A. Black*Father's Name *William F. Anderson* Father's Birthplace *Ind*Mother's Maiden Name *Harriette Wallace* Mother's Birthplace *Ind*Name of person giving information *Harriot Anderson* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Tuberculosis* How long *4 Months*Immediate *Asthma* How long Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. S. J. Windsor*Address *Waverly, Ind.*Accident or Suicide? *—*



Name
in
Full

Bounds

CERTIFICATE OF DEATH

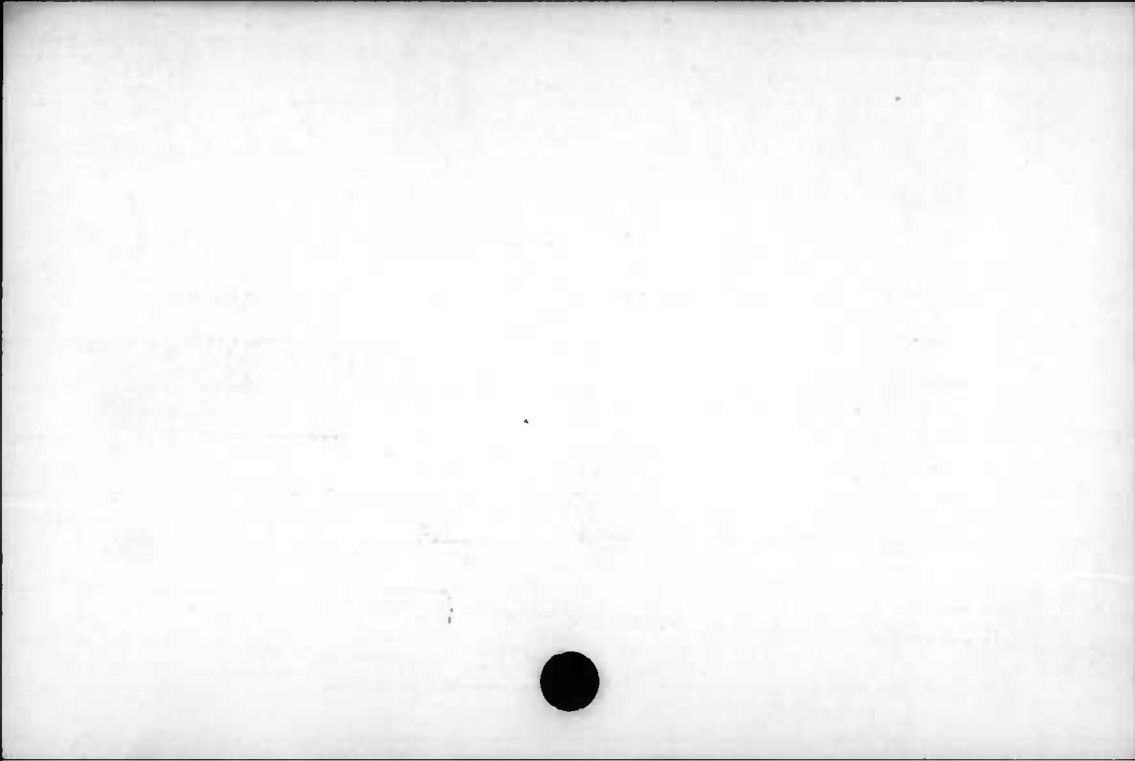
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Sept	1		—	—	4
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
—			—				
Father's Name				Father's Birthplace			
Phillip H. Bounds				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Kate Guinness				Maryland			
Name of person giving information				How related to deceased			
P. H. Bounds				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Promature Delivery	How long	—
Immediate	Asphyxia	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Chas. T. Fisher, M.D.	
		Address	
		Guinness Ave, Md.	
Accident or Suicide?			



Name
in
Full

Mary Coulbourn

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Lawsonia^{County} Somerset

Date of death 1905

Month Sept

Day 2

Age 25

Months

Days

Sex Female

Color or Race Black

Birth-place Lawsonia Md

Occupation House servant

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name James Coulbourn

Father's Birthplace Somerset Co Md

Mother's Maiden Name Indz Coulbourn

Mother's Birthplace Somerset Co Md

Name of person giving information James Coulbourn

How related to deceased Half brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

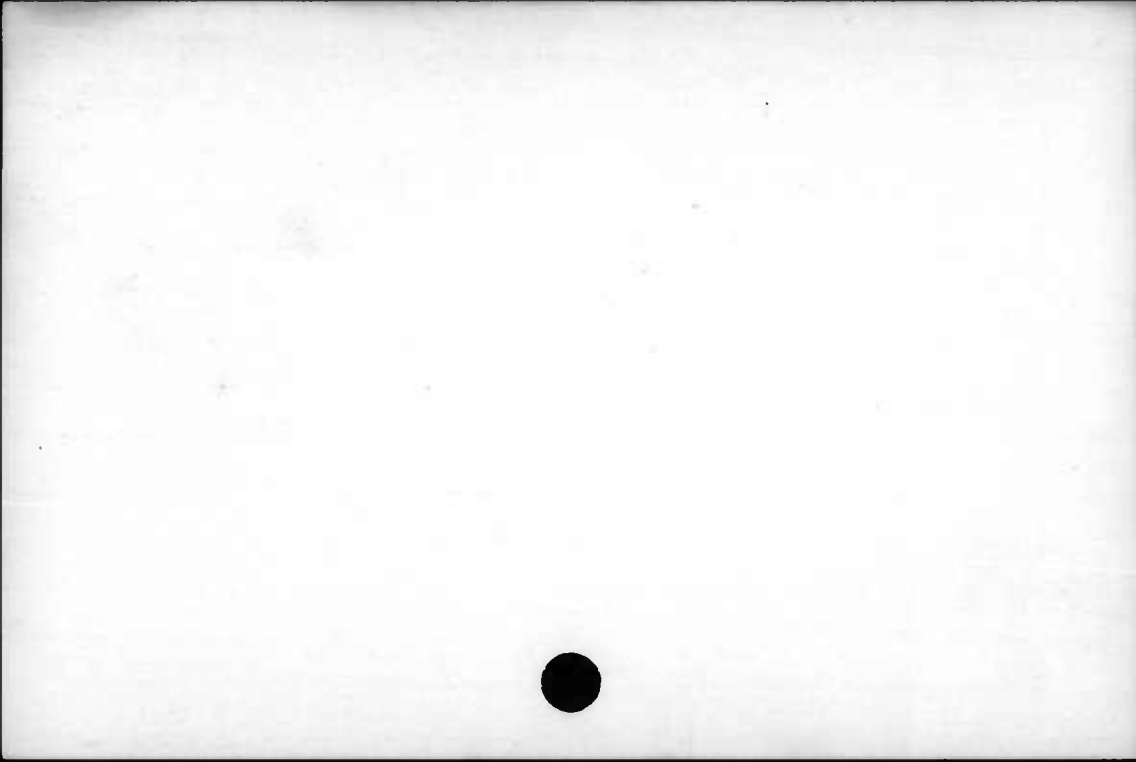
Address

H. F. Hall
Bridgetown Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mamie Dickerson

CERTIFICATE OF DEATH

Town

Cecil

County

Died at near Pocomoke Somerset

MARYLAND

Date

of death 1905

Month

Sept

Day

28

Age

Years

13

Months

9

Days

13

Sex

Female

Color or
Race

Caucasian

Birth-
place

Pocomoke

Occupation

Where Residing if not
at place of death

In Pocomoke

Married, Single
or Widowed

Single

Name of Wife or
Husband

Clarence Dickerson

Father's
NameFather's
Birthplace

Somerset Co

Mother's
Maiden Name

Mabel Dickerson

Mother's
Birthplace

Pocomoke, Md

Name of person giving
In formation

Clarence Dickerson

How related
to deceased

father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

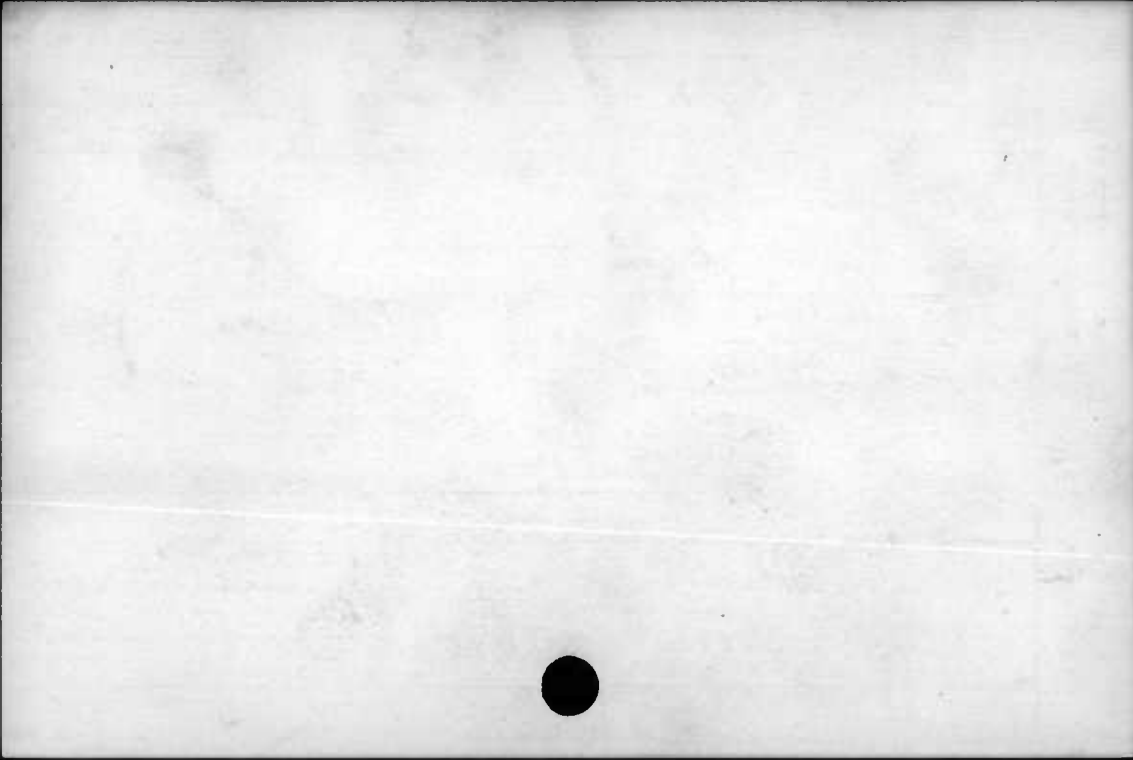
Signature of
Physician

Address

J. V. Smith -
Pocomoke, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

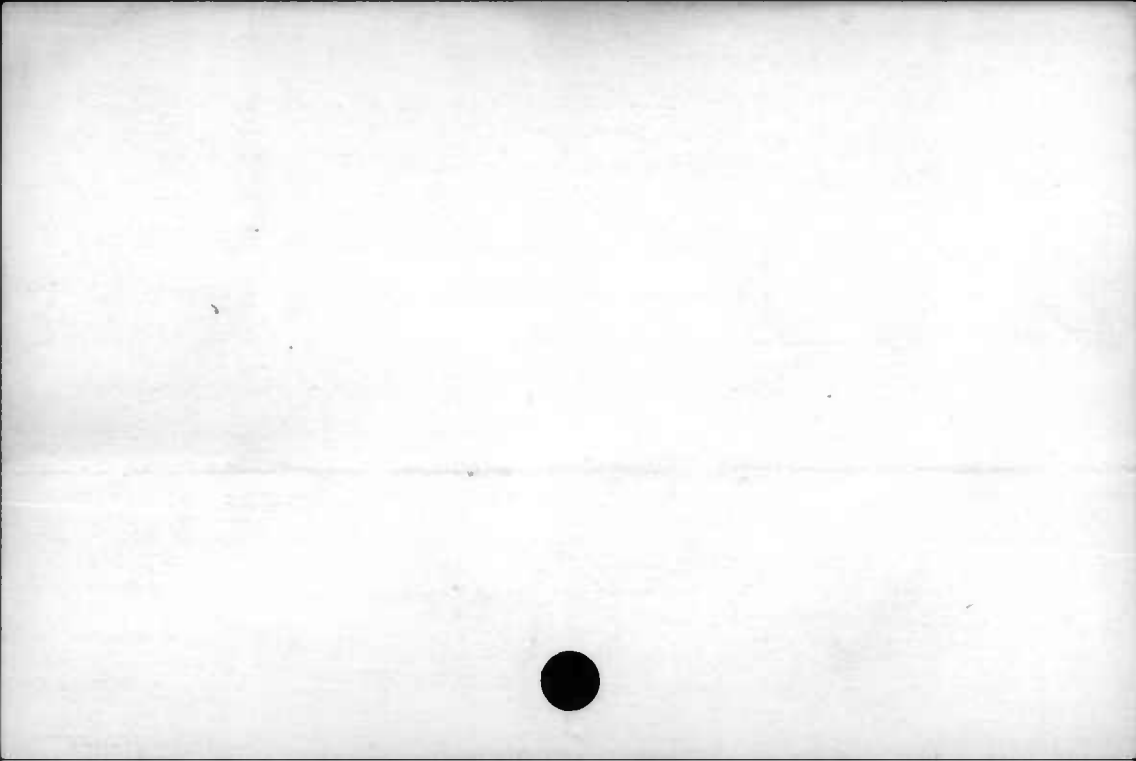
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Crisfield		Dougherty / Crisfield		County		MARYLAND	
Date of death		1905	Sept	28	Age	Years	Months	Days	
Sex		Female		Color or Race		White		Birth-place	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed		—		Name of Wife or Husband		—			
Father's Name		Hubbard Dougherty		Father's Birthplace		Crisfield			
Mother's Maiden Name		Mary Somers		Mother's Birthplace		Crisfield			
Name of person giving information		Hubbard Dougherty		How related to deceased		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infection	How long	3 days
Immediate	Illness	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. D. Ballin	
Address		Crisfield	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

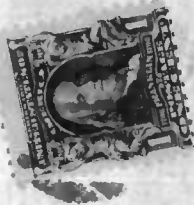
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	2 years
Immediate	Paralysis	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. S. Miles M. D.	
		Address	
		upper Brunswick Somerset Co. Md.	
Accident or Suicide?			



J W. Gandon

Landonville

Ind

Name
in
Full

CERTIFICATE OF DEATH

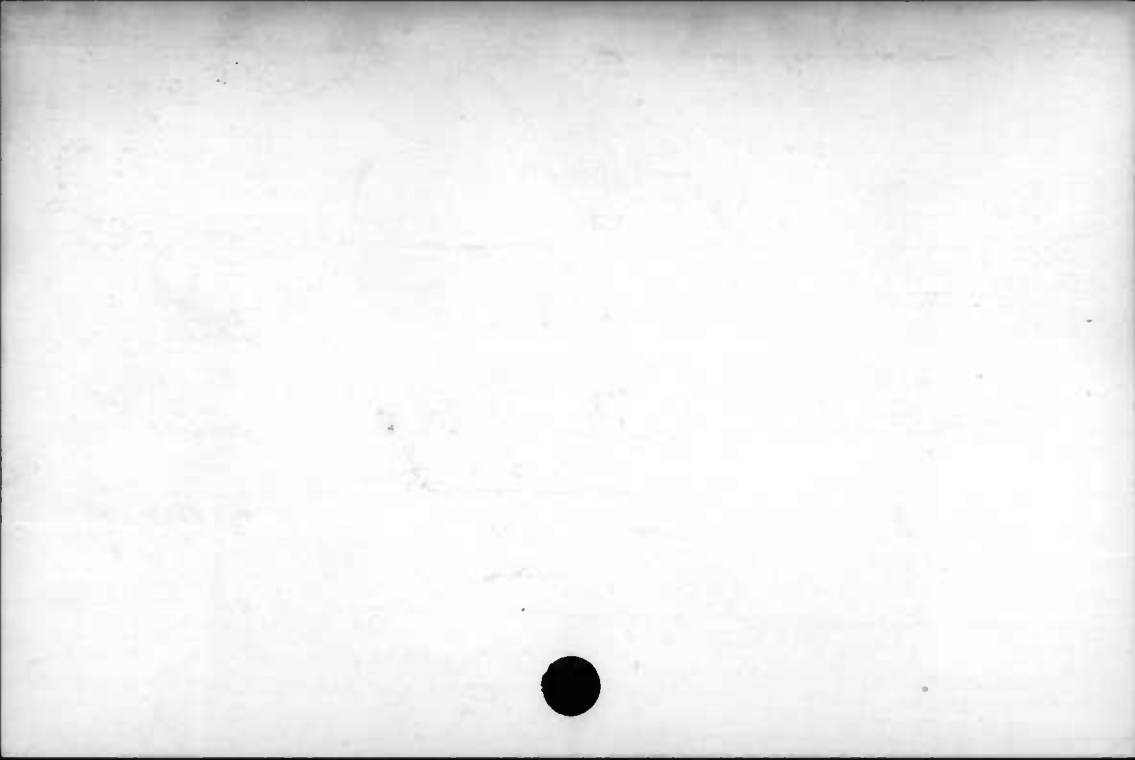
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dublin Dist</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>17th</i>	Age <i>84</i>	Years <i>6</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co</i>				
Occupation <i>Retired Farmer</i>	Where Residing if not at place of death <i>Pocomoke city</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Barah Coston</i>						
Father's Name <i>Thos M Hargis</i>	Father's Birthplace <i>Monrovia Co</i>						
Mother's Maiden Name <i>Ann Dixon</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Carrie Evans</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>2 days</i>
Immediate <i>Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel S. Quinn</i>
	Address <i>Pocomoke city Md</i>
Accident or Suicide?	



Name
in
Full

Sarah Amanda Harris

CERTIFICATE OF DEATH

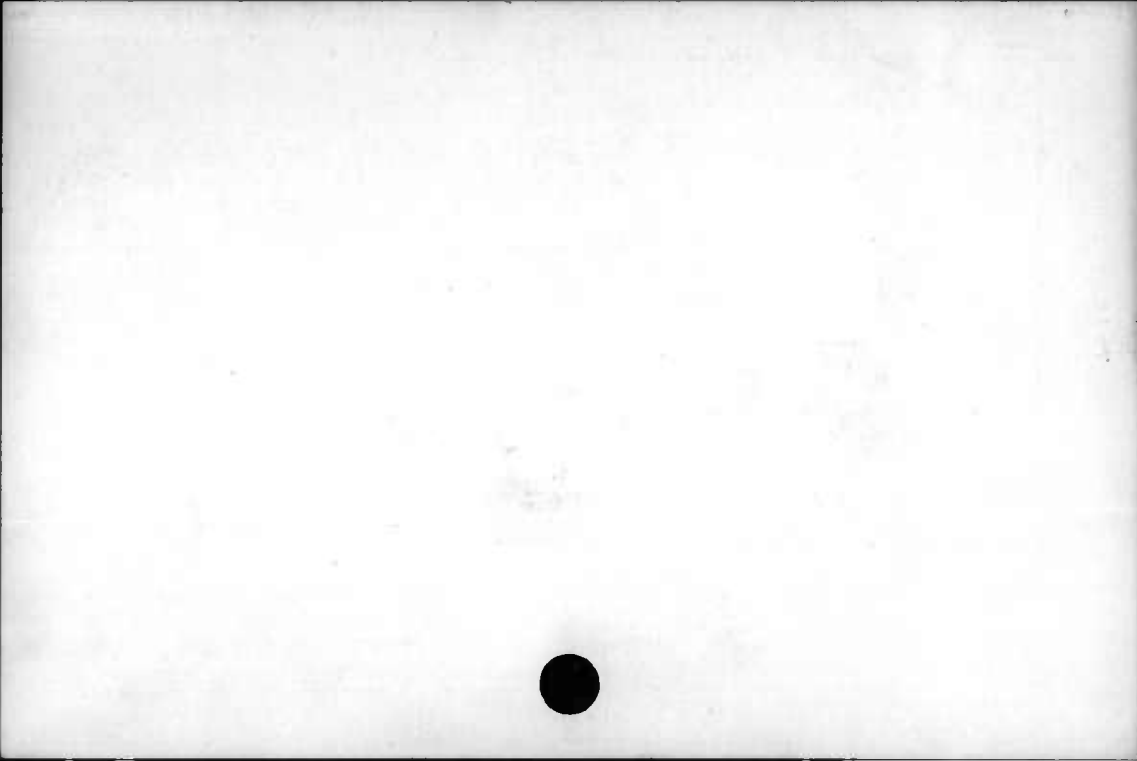
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parahocking</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>September</i>	Day	<i>12</i>	Age	<i>1</i> Months <i>14</i> Days
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Place of death</i>	
Occupation	<i>Infant</i>		Where Residing if not at place of death		<i>at place of death</i>		
<i>Single</i>	Name of wife or husband						
Father's Name	<i>Robert H Harris</i>				Father's Birthplace	<i>Minersville Pa</i>	
Mother's Maiden Name	<i>Lillie A Henderson</i>				Mother's Birthplace	<i>Somerset Md</i>	
Name of person giving Information	<i>Robert H Harris</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>found dead</i>
Immediate	<i>Unknown</i>	How long	<i>in bed</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J T Coosten</i>	
Accident or suicide ?		Address	
		<i>Pocomoke City Md</i>	



Name
in
Full

Mollie Holland

CERTIFICATE OF DEATH

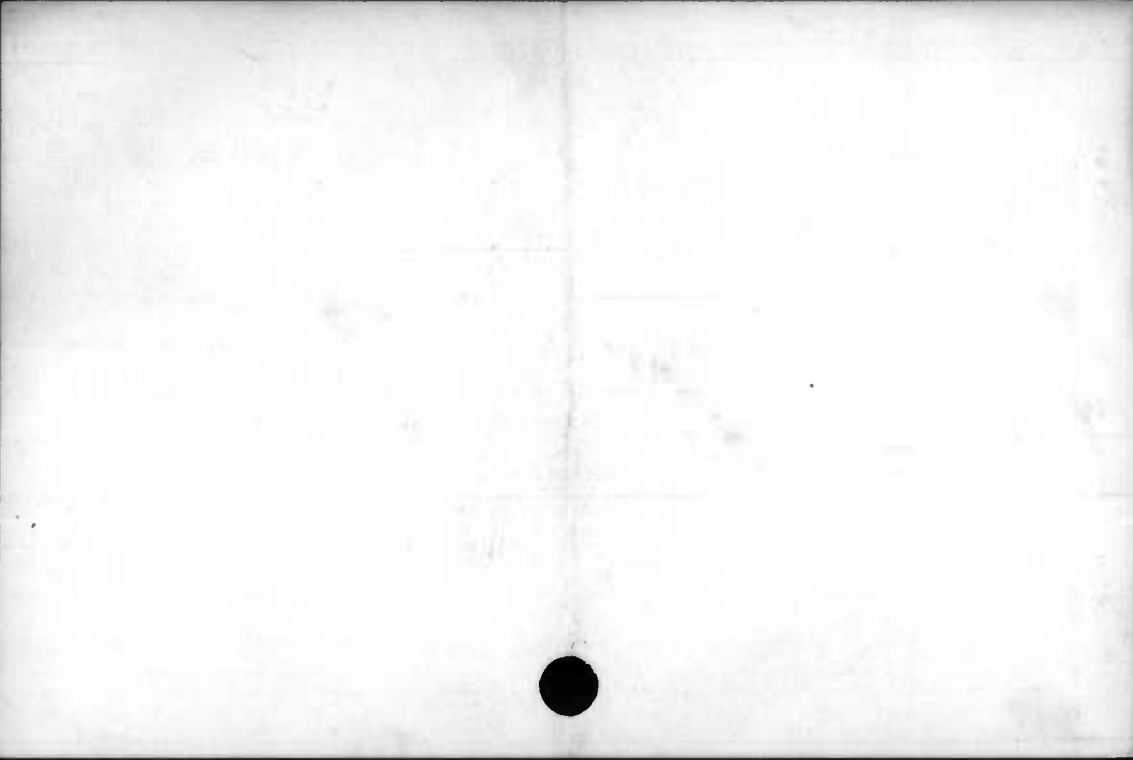
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hoffman Springs		County Somerset		MARYLAND	
Date of death		1905	Month Sept.	Day 24	Years 7	Months	Days
Sex Female		Color or Race Colored			Birth- place		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Mrs Holland			Father's Birthplace	
Mother's Maiden Name			Lizzie			Mother's Birthplace	
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Colored	How long	
Immediate	Pulmonary tuberculosis	How long	one year
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		G. W. Gill	
Address		No. 1000 Md.	
Accident or Suicide?			



Name
in
Full

(No name)

Johnson 1/11/11
County
Somerset

CERTIFICATE OF DEATH

Died at Marion Town

MARYLAND

Date
of death 1905

Month 9

Day 12

Age

Years

Months

Days 10

Sex

Male

Color or
Race

White

Birth-
place

Marion Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles W Johnson

Father's
Birthplace

Marion Md

Mother's
Maiden Name

Lela J Walston

Mother's
Birthplace

" "

Name of person giving
Information

Mrs Mollie Jue

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Horse Shoe

How long

10 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Mrs Mollie Jue

Address

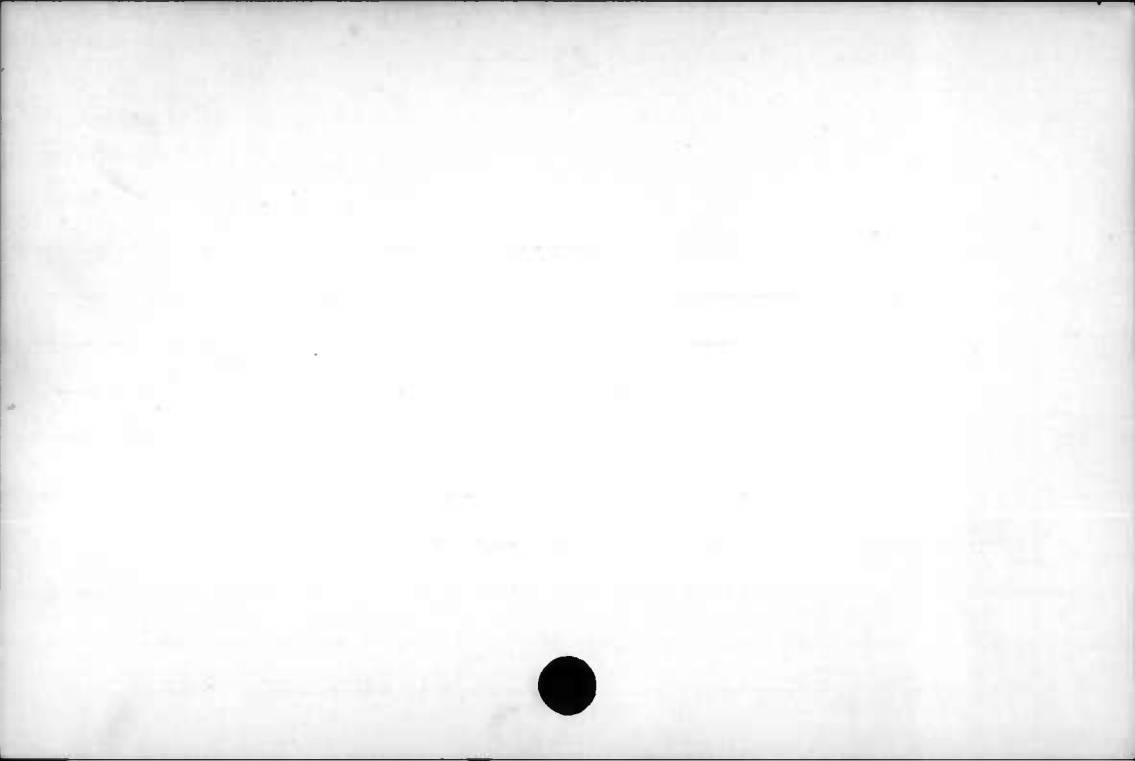
Parsonville

Accident or Suicide

(No physician in attendance)

md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Annie O. Maddox

Died at *Sibra* Town *Somerset Co* County *MARYLAND*

Date *1905* *Sept* *28* Month Day Age *32-5-4* Y. M. D. Native of *Somerset Co* Occupation *—*

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☐ Number of children living *3*

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of *Charles A. Maddox*

Wife of *Charles A. Maddox*

Father's Name *Charles Melbourn* Mother's Name *Nancy Melbourn*

Cause of Death { Primary Immediate *Epilepsy in Pregnancy* } How long sick since Sept *to my knowledge*

Accident, Suicide, Homicide

Reported by *Dr. W. Daugherty, Jr. M.D.*

Address *Pullo's Corner, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Unable to find exact age from family
about 33 yrs is the best I can learn.

32 yrs 5 mo 11 days

Name
in
Full

CERTIFICATE OF DEATH

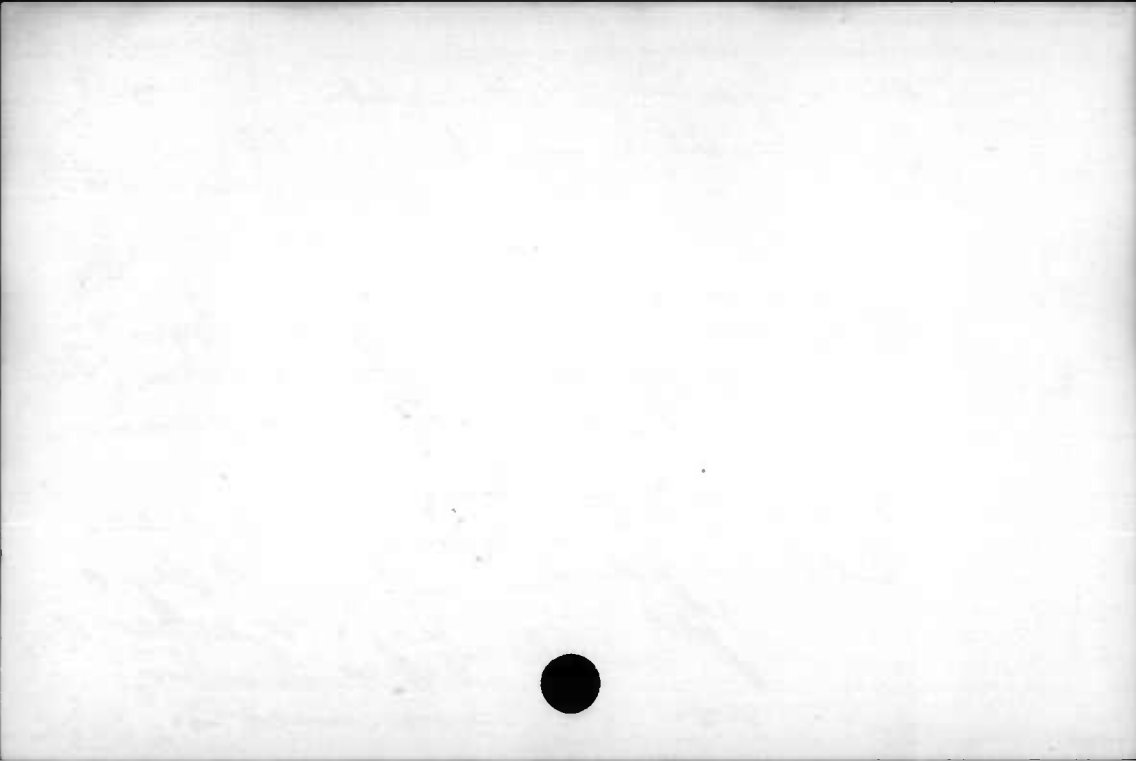
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mildred Pearl Mason</i>		Town <i>Hopewell</i>		County <i>Somerset</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Hopewell</i>		<i>1905 Sept 3</i>		<i>2</i>		<i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hopewell Md</i>			
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>+</i>			
Father's Name <i>Lloyd W. Mason</i>				Father's Birthplace <i>Worcester Co.</i>			
Mother's Maiden Name <i>Alice M. Walker</i>				Mother's Birthplace <i>Orfield Md</i>			
Name of person giving information <i>Lloyd Mason</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Plumium Poisoning</i>		How long <i>Two days</i>	
Immediate <i>-</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Stael</i>	
		Address <i>Orfield Md</i>	
Accident or Suicide? <i>-</i>			



Name
in
Full

CERTIFICATE OF DEATH

Susie Messick

Town

County

MARYLAND

Died at

Danvers Quarter

Somerset

Date

Month

Day

Years

Months

Days

of death *1901*

Sept.

20th

Age

1

10

Sex

Girl

Color or
Race

white

Birth-
place

Somerset Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Robt. Messick

Father's
Birthplace

Som. Co.

Mother's
Maiden Name

Mary Messick

Mother's
Birthplace

Som. Co.

Name of person giving
In formation

Robt. Messick

How related
to deceased

Father

CAUSES OF DEATH

Primary

Rachitis

How long

4 mos.

Immediate

Eclampsia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

*J. S. W. Messick, M.D.
Danvers Quarter,
Somerset Co., Md.*

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Tobias Messick

CERTIFICATE OF DEATH

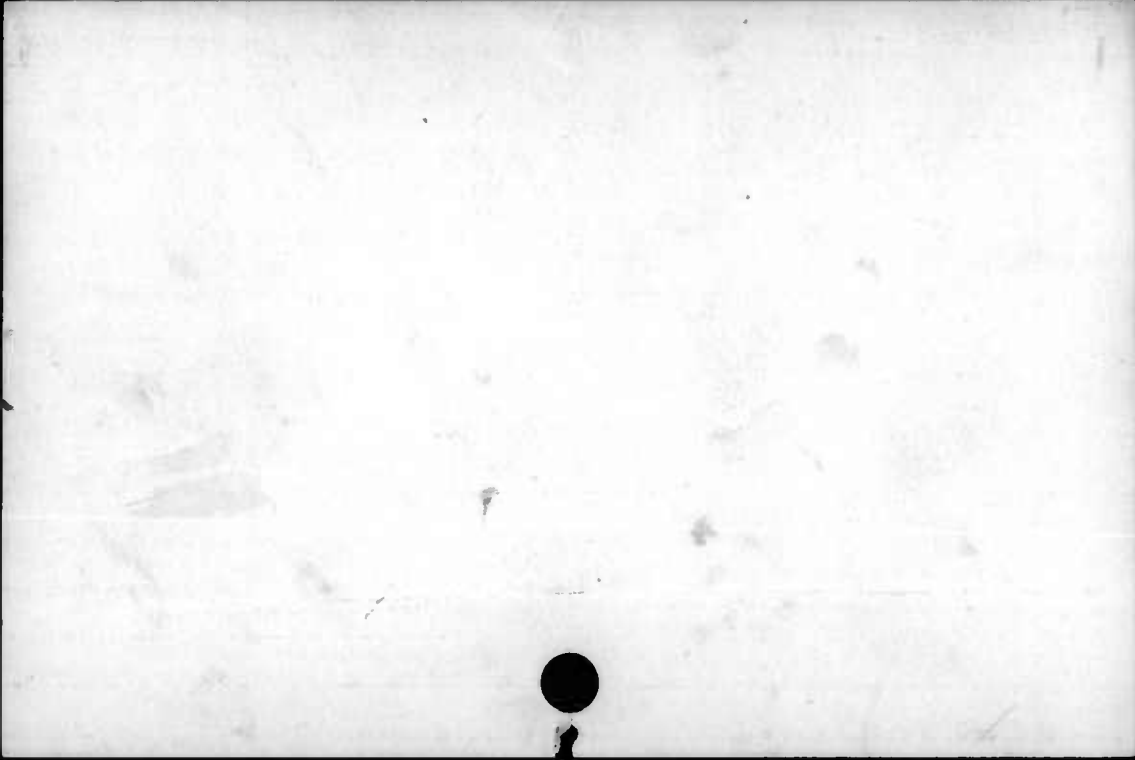
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1905		Sep		18		Age 76	
Sex		Male		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Church sexton	
Name of Wife or Husband		Bertie Walker					
Father's Name		Father's Birthplace				Mother's Birthplace	
Mother's Maiden Name		Ellie Messick				Md	
Name of person giving information		Bertie Messick				How related to deceased	
						Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asperulary	How long
Immediate	Asperulary	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
Accident or Suicide?		



Name
in
Full

John T Miles

CERTIFICATE OF DEATH

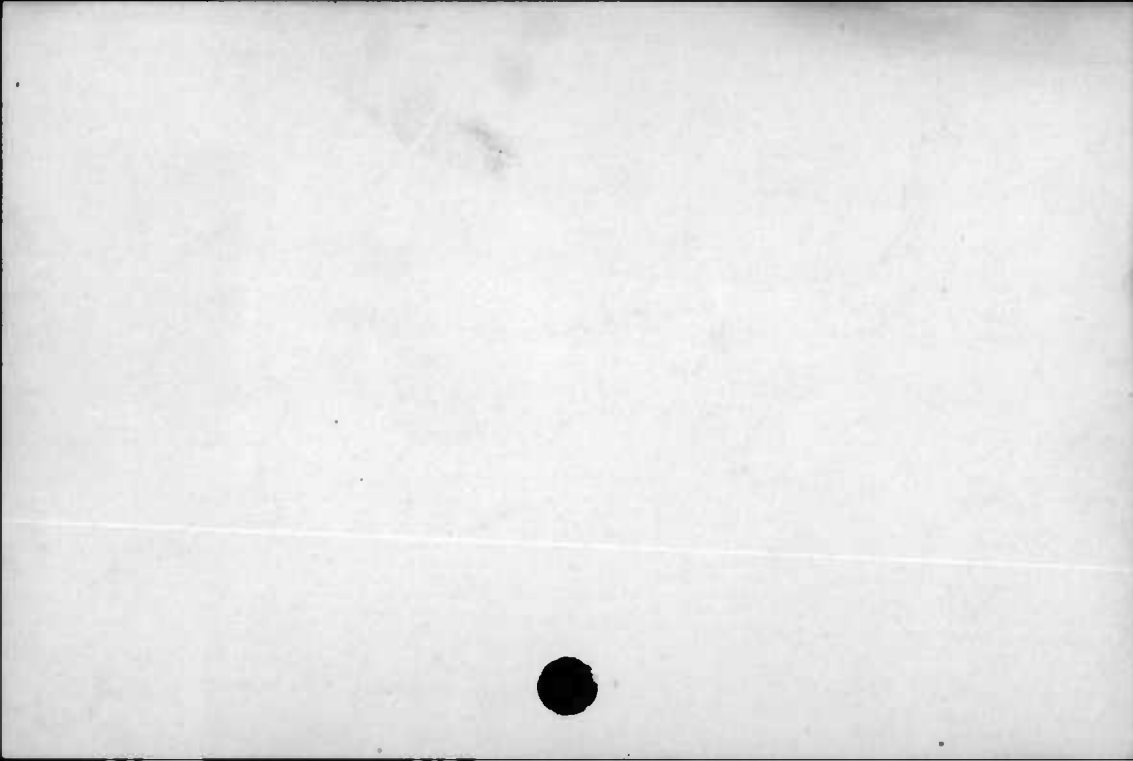
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mason</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	<u>1905</u>	Month <u>Sept</u>	Day <u>6</u>	Age <u>70</u>	Years <u>—</u> Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Somerset Co Md</u>		
Occupation <u>Grubber</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Dont Know</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>" "</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>A W Dixon</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Myocardial Infarction with Bright's Disease</u>	How long <u>about 1 year</u>
Immediate <u>Asthma</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Smith</u>
<u>As I know</u>	Address <u>Salisbury, Md</u>
Accident or Suicide? <u>No</u>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crispfield</i> Town		<i>Mills (M. M.)</i> County		MARYLAND	
Date of death	<i>1905</i> Month	<i>15</i> Day	Age	Months	Days
Sex	<i>girl</i>	Color or Race	<i>colored</i>	Birth-place	<i>Crispfield</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>child</i>	Name of wife or Husband	<i>Irda Mills</i>		
Father's Name	<i>Redwood</i>	<i>Mills</i>	Father's Birthplace	<i>Worcester Co Md</i>	
Mother's Maiden Name	<i>Indie</i>	<i>Styling S.</i>	Mother's Birthplace	<i>Crispfield Md</i>	
Name of person giving information	<i>Maat S Mills</i>		How related to deceased	<i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	
Immediate	<i>yy</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yy</i>	Signature of Physician	<i>[Signature]</i>
		Address	<i>Crispfield</i>
Accident or Suicide?			<i>MD</i>



Name
in
Full

John Grayton Murray

9/18/57

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

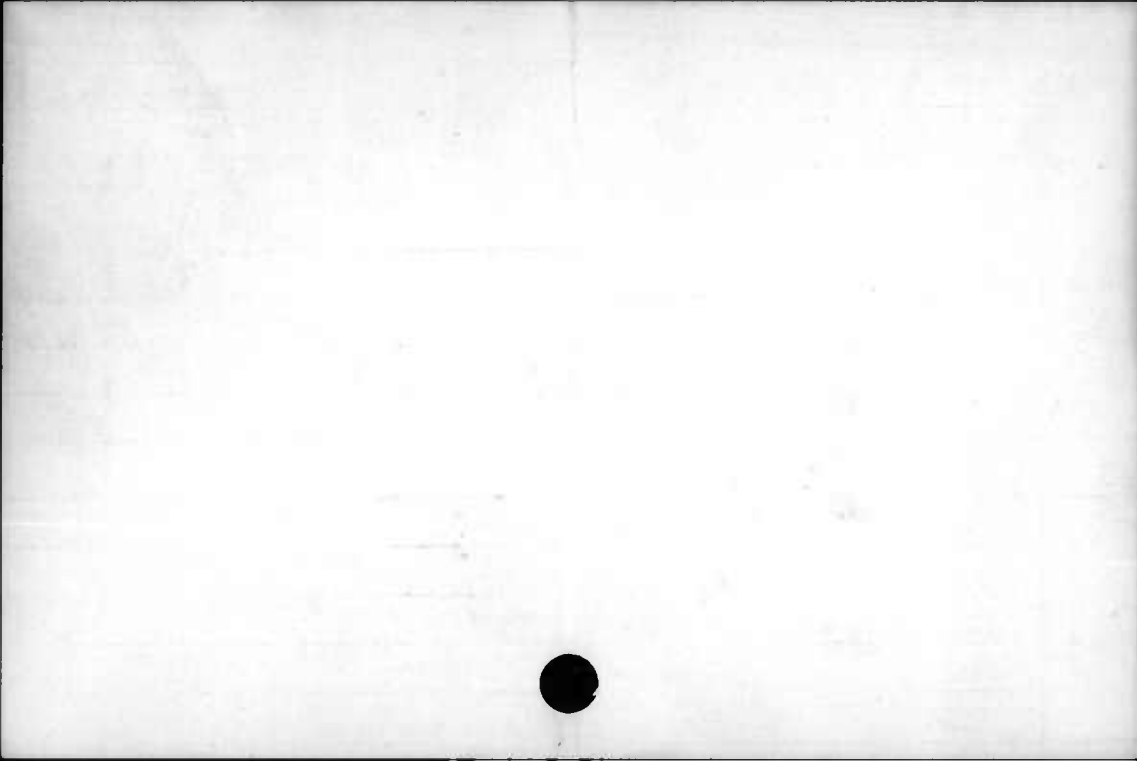
MARYLAND

Died at <i>Mt Vernon</i> Town		<i>Somerset</i> County			
Date of death <i>1905</i>	Month <i>9</i>	Day <i>2</i>	Age _____	Years _____	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mt Vernon</i>		Days <i>10</i>
Occupation _____			Where Residing if not at place of death <i>do</i>		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>John W. Murray</i>			Father's Birthplace <i>Mt Vernon</i>		
Mother's Maiden Name <i>Laura Bailey</i>			Mother's Birthplace <i>Mt Vernon</i>		
Name of person giving Information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomach Trouble</i>	How long <i>from birth</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address
Accident or Suicide?	



69

Harry Daniel Payne.

Town

County

Died at

Hedon.

Somerset.

MARYLAND

Date 1908.

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 11.

Age

2.

Somerset

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Harry H. Payne

Maiden Name

Abbie Barnes

Cause of

Primary

Heart trouble since birth.

How long sick

Since Birth

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. W. Eccles M.D.

Address

Pocahontas, Lecky, Mo.

Must be signed by physician, if any in attendance, otherwise by minister, undertaker or minister.

2
13
2
5
136



Name

in
Full

CERTIFICATE OF DEATH

Mary Adeline Prussell

Town

Dublin

County

Somerset

MARYLAND

Died at

Date

of death 1905

Month

9

Day

Age

Years

74

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Pa

Occupation

No occupation

Where Residing if not
at place of death

r

Married, Single
or Widowed

Married

Name of Wife or
Husband

r

Father's
Name

Joshua Beckins

Father's
Birthplace

Pa

Mother's
Maiden name

Mariah Beckins

Mother's
Birthplace

Pa

Name of person giving
information

C. H. Prussell

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senile Decay

How long

154

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

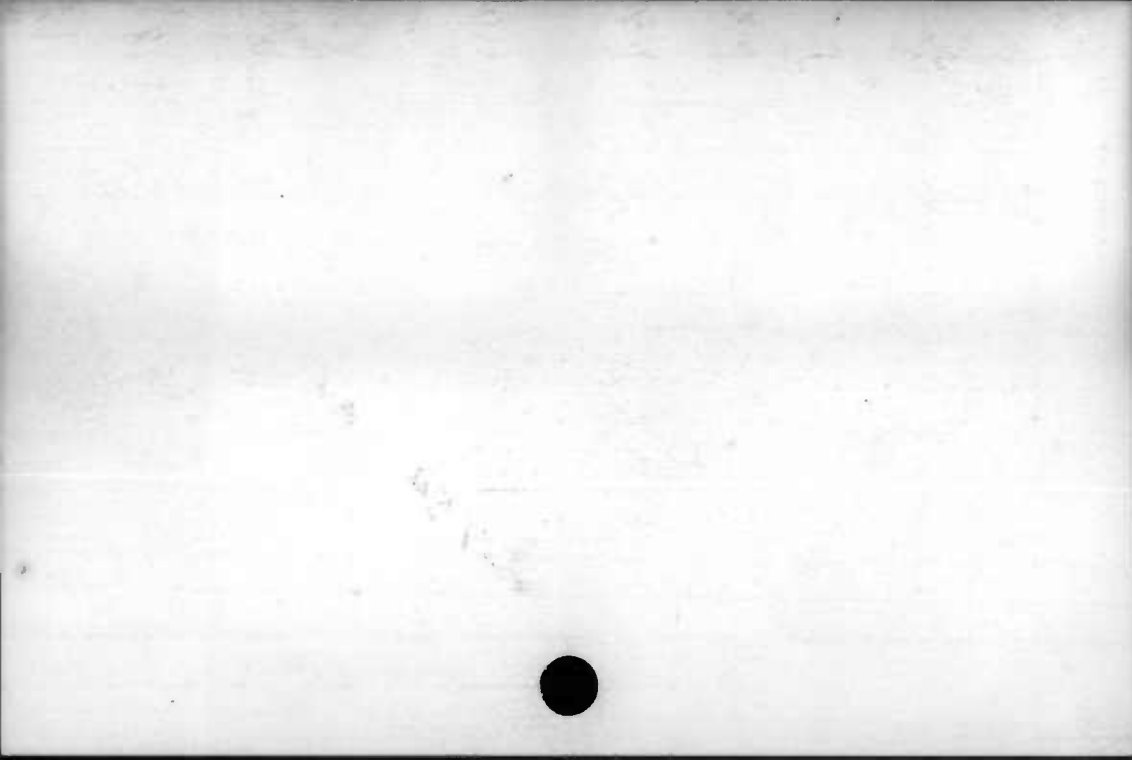
J. M. Wilson

Pocomoke City, Md.

Accident or Suicide?

r

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in

Full

John Reid

CERTIFICATE OF DEATH

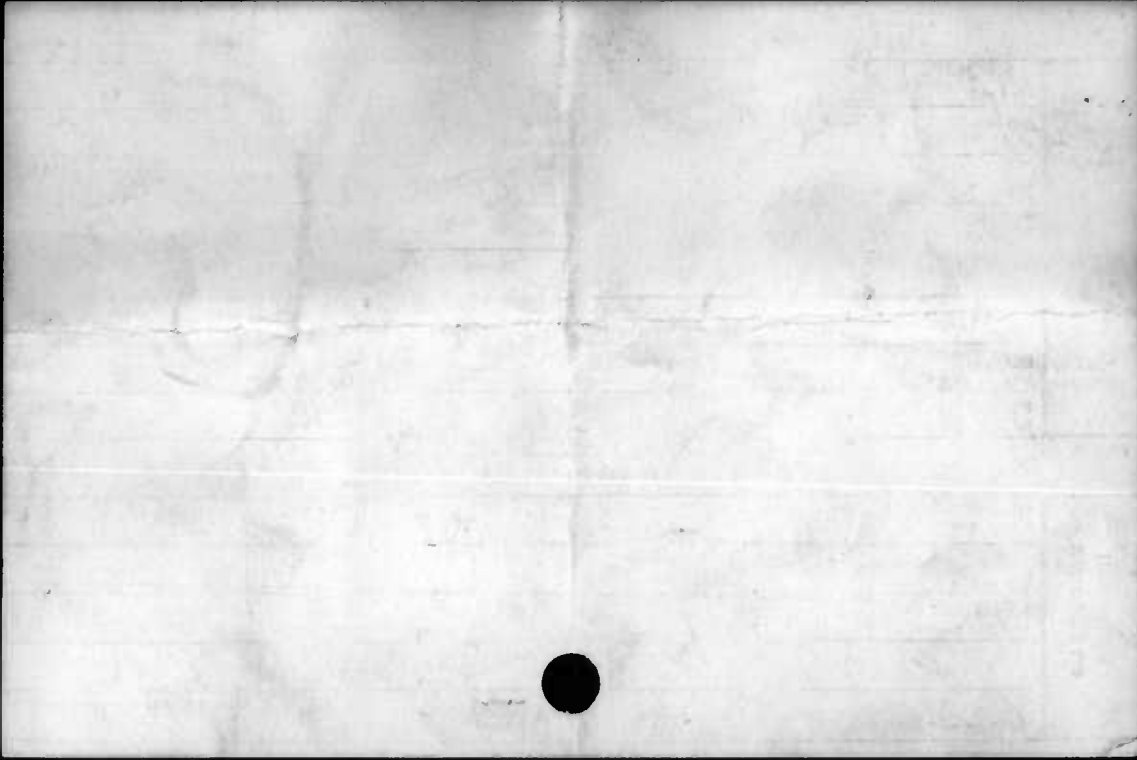
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>momie</i>		Town <i>Somer</i>		County <i>Set</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>9</i>		Day <i>14</i>		Age <i>62</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Somerset</i>			
Occupation <i>former</i>		Where Residing if not at place of death <i>Somerset Co</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Mary Reid</i>					
Father's Name <i>John Reid</i>		Father's Birthplace <i>momie</i>					
Mother's Maiden Name		Mother's Birthplace <i>momie</i>					
Name of person giving Information <i>Holmg Reid</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rupture</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo B. Smith M.D.</i>
		Address <i>Buttrick Co</i>
Accident or Suicide?		



Name
in
Full

Isaac Riggier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Crisfield* TownCounty *Somerset*

Date

of death *1905*Month *9*Day *11*

Age

Years *83*Months *Sept*Days *11*

Sex

*Male*Color or
Race*white*Birth-
place*md*

Occupation

*Sub. Carpenter*Where Residing if not
at place of death*Somerset Co md*Married, ~~Single~~
or WidowedName of Wife or
Husband*Delia Riggier*Father's
Name*Emory Riggier*Father's
Birthplace*md*Mother's
Maiden Name*Don't know*Mother's
Birthplace*Don't know*Name of person giving
Information*Son*How related
to deceased

CAUSES OF DEATH

Primary

Senile Delirium

How long

3 Days

Immediate

Exhaustion

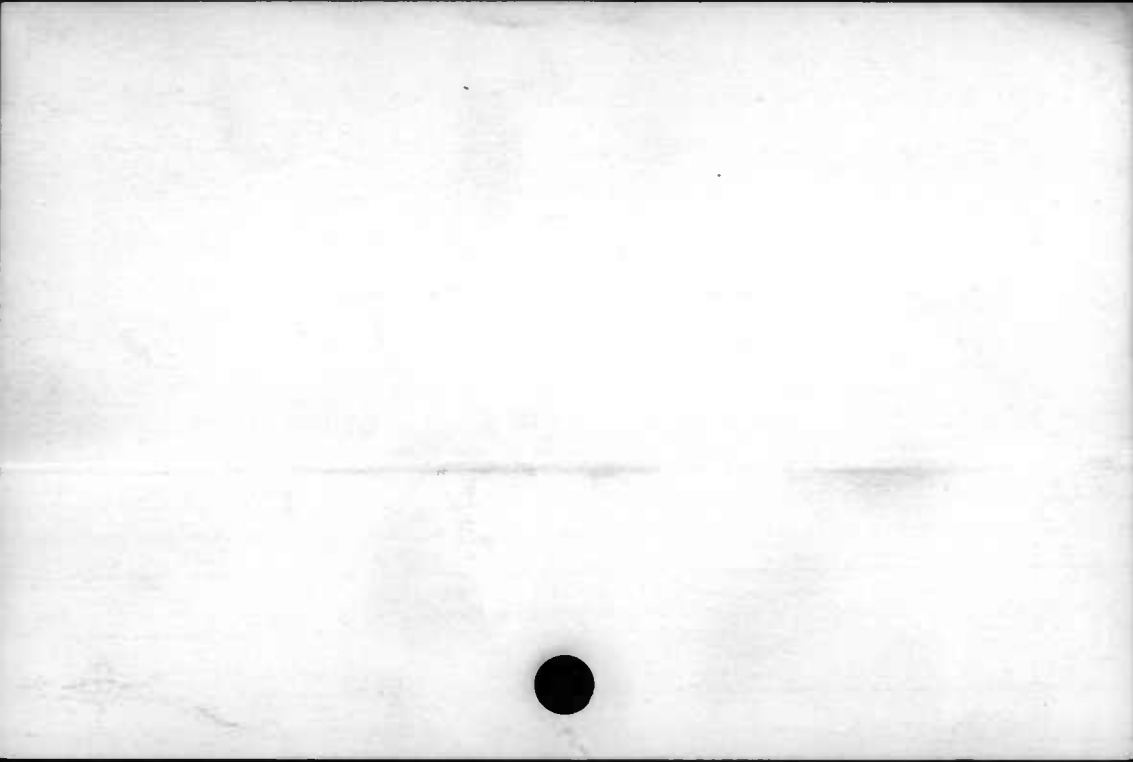
How long

*3 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*A. C. Ward**Crisfield*

Accident or Suicide?



Name
in
Full

Ellen Delby

CERTIFICATE OF DEATH

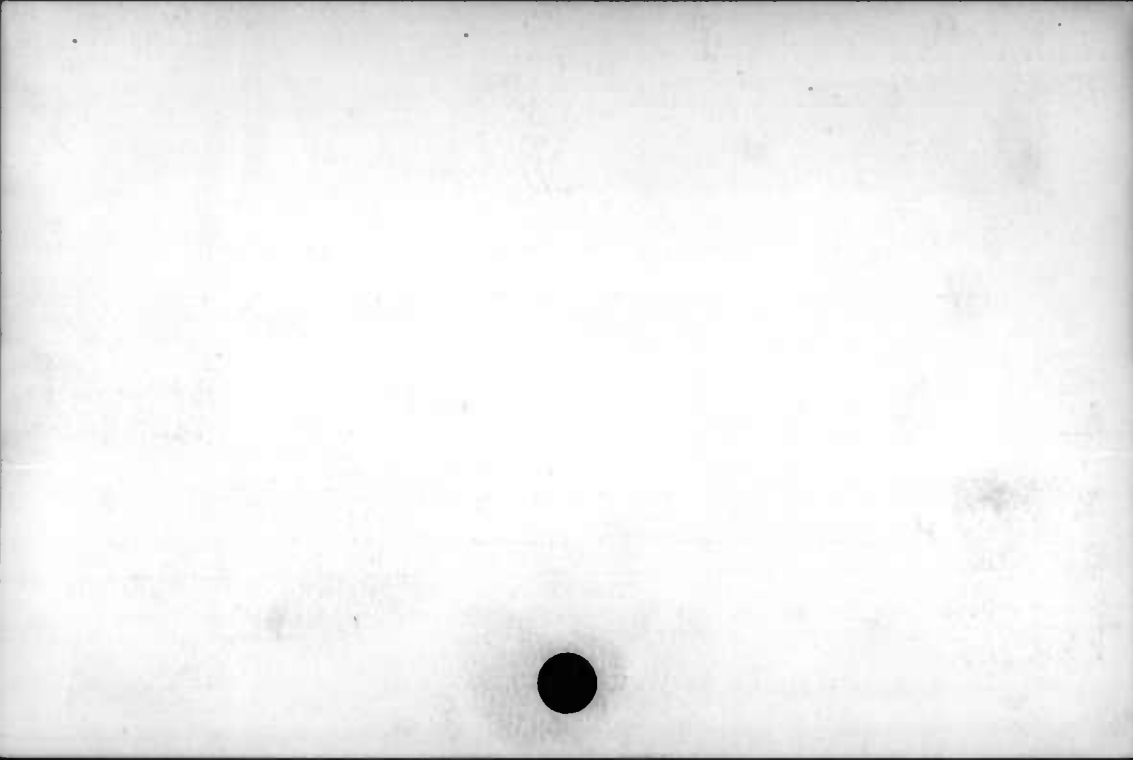
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Kingston</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>24</i>	Years <i>about 60</i>	Months <i>not known</i>	Days <i>not known</i>		
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>Worcester Co. Md.</i>				
Occupation <i>House Cleaning & Washing</i>			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband <i>James Delby</i>					
Father's Name <i>Thomas Costin</i>		Father's Birthplace <i>Worcester Co. Md.</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information <i>Isaac Redden</i>		How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Dropsy</i>	How long <i>5-6 mos.</i>
Immediate <i>Gradual Weakness & Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Drs. Allen & Ewell</i>
	Address <i>Marion Md.</i>
Accident or Suicide?	



Name
in
Full

William Henry Slocum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Marion Town

Somerset County

Date of death 1906

Month Sept.

Day 22

Age

Years 2

Months 1

Days 28

Sex Male

Color or Race

Ethiopian

Birth-place

Marion

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Jacob H. Slocum

Father's Birthplace

New church Va.

Mother's Maiden Name

Nellie Dickerson

Mother's Birthplace

Marion

Name of person giving information

Jacob H. Slocum

How related to deceased

Father

CAUSES OF DEATH

Primary

Deformities of spine

How long

Since Birth

Immediate

Inflammation of viscera Due to pressure of spine

How long

3 mos.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. Allen & Cwell

Address

Marion

Accident or Suicide?



Name in Full

Certificate of Death

Charles Sterling

Died at ^{Town} Crisfield^{County} Somerset

MARYLAND

Date 189 ^{Month} ^{Day} ^{Y.} ^{M.} ^{D.} Age ^{Native of} ^{Occupation}

Male White Married Wid~~w~~ Divorced
 Female Colored Single Widower Number of children living 1

Husband of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John W. Sterling* Town *Crisfield* County *Somerset*

Died at *Crisfield*

Date of death *1905* Month *Sept* Day *13* Age *55* Years Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *Somerset*

Occupation *Waterman* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Anna Sterling*

Father's Name *Wm H Sterling* Father's Birthplace *Somerset Co*

Mother's Maiden Name *Susie Sterling* Mother's Birthplace *Somerset Co*

Name of person giving information *Anna Sterling* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright Disease* How long *14 Mos*

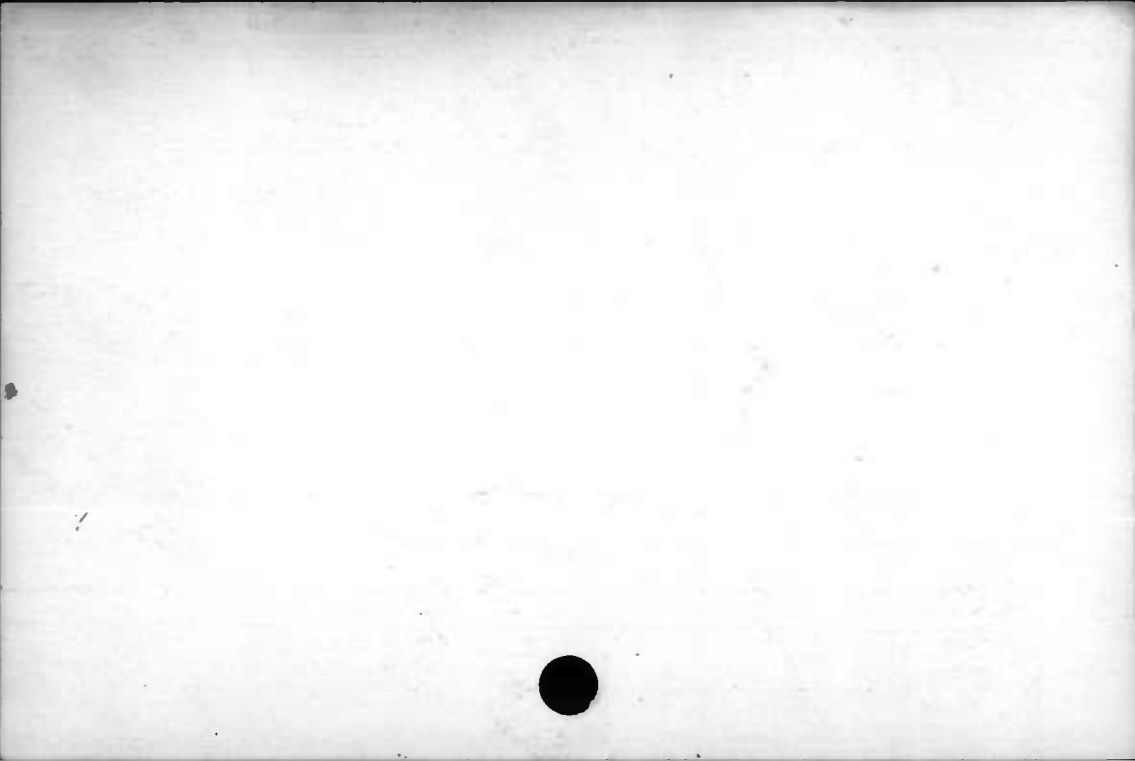
Immediate *Endocarditis* How long *3 Weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. E. Collins*

Address *Crisfield*

Accident or Suicide? *No*



Name.
in
Full

William Walter

CERTIFICATE OF DEATH

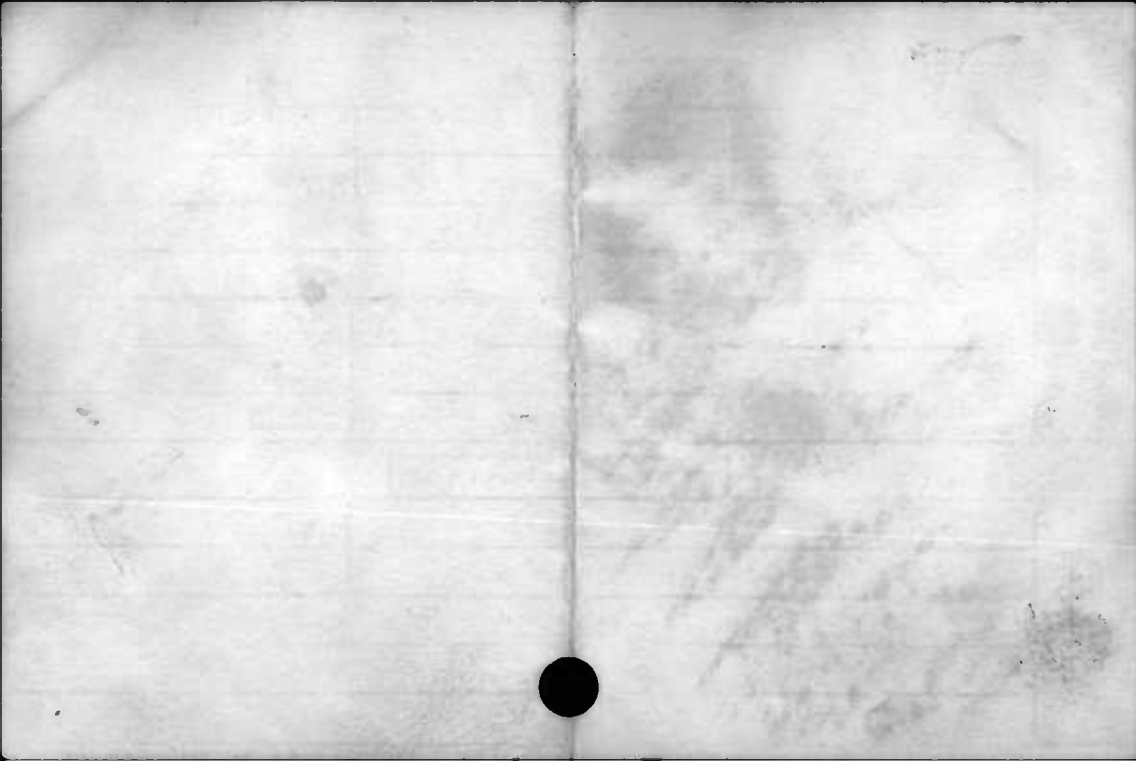
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1905	September	12	65				
Sex	Male		Color or Race	Black		Birth-place	Ant. Vernon
Married, Single or Widowed	Married		Occupation				
Name of Wife or Husband		Sarah Cornish					
Father's Name	Luke Waters					Father's Birthplace	Ant. Vernon
Mother's Maiden Name	Leonie Jones					Mother's Birthplace	Ant. Vernon
Name of person giving information	John Waters					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	chronic Diabetes	How long	106
Immediate		How long	Three months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Daniel W. Jones	
		Address	
		Parrish Lane M. d.	
Accident or Suicide?			



Name
in
Full

Eliza Walker

CERTIFICATE OF DEATH

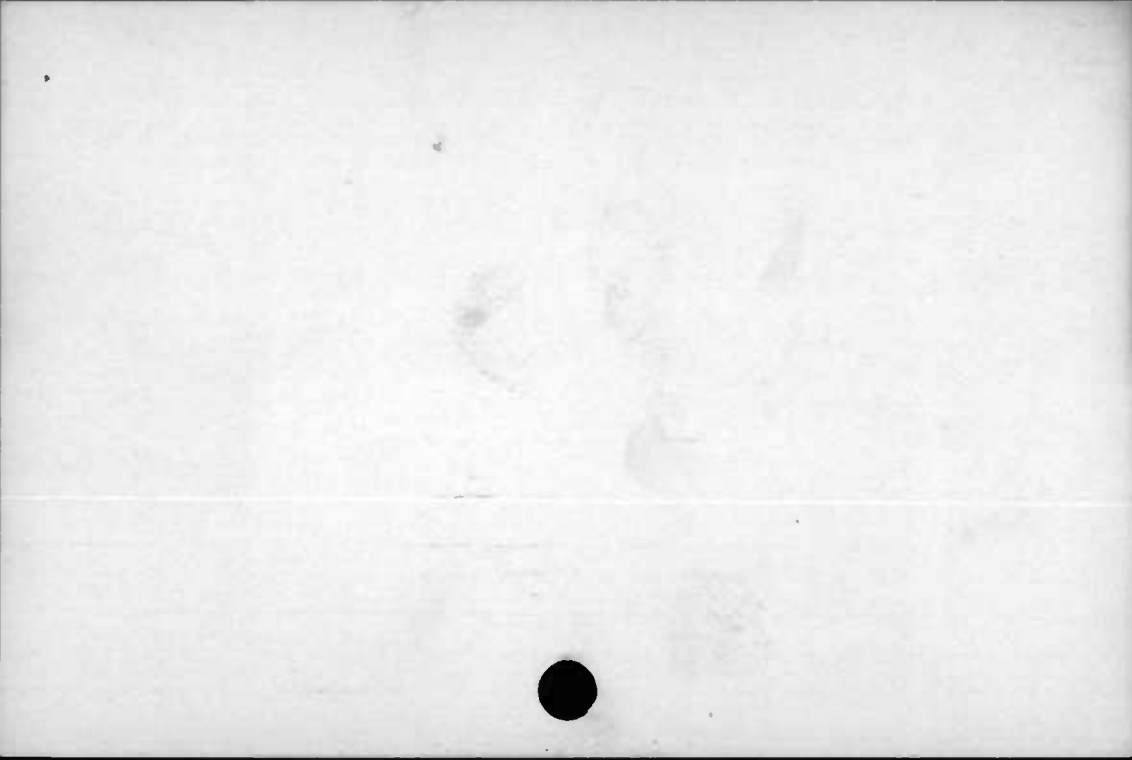
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Randowville</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Sept.</i>	Day <i>28</i>	Age <i>73</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widow</i>	Occupation <i>House Wife</i>				
Name of Wife or Husband <i>Raymond Walker</i>					
Father's Name <i>Don't know</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Wm. A. Ford</i>			How related to deceased <i>No relations</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>2 1/2 Hours</i>
Immediate <i>Paralysis</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. A. Ford, Undertaker</i>
	Address <i>Randowville, Md., Somerset Co.</i>
Accident or Suicide?	



Name
in
Full

Alexander Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1905	Month	Dec	Day	6	Age	65
Sex		Color or Race		Colored		Months	
Occupation		Where Residing if not at place of death		P Anne, Md		Days	
Married, Single or Widowed		Name of Wife or Husband		Esther Washington		Birth-place	
Father's Name		Father's Birthplace		Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased		Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropsy	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

Dr Fisher



Name
in
Full

Atha Webster

CERTIFICATE OF DEATH

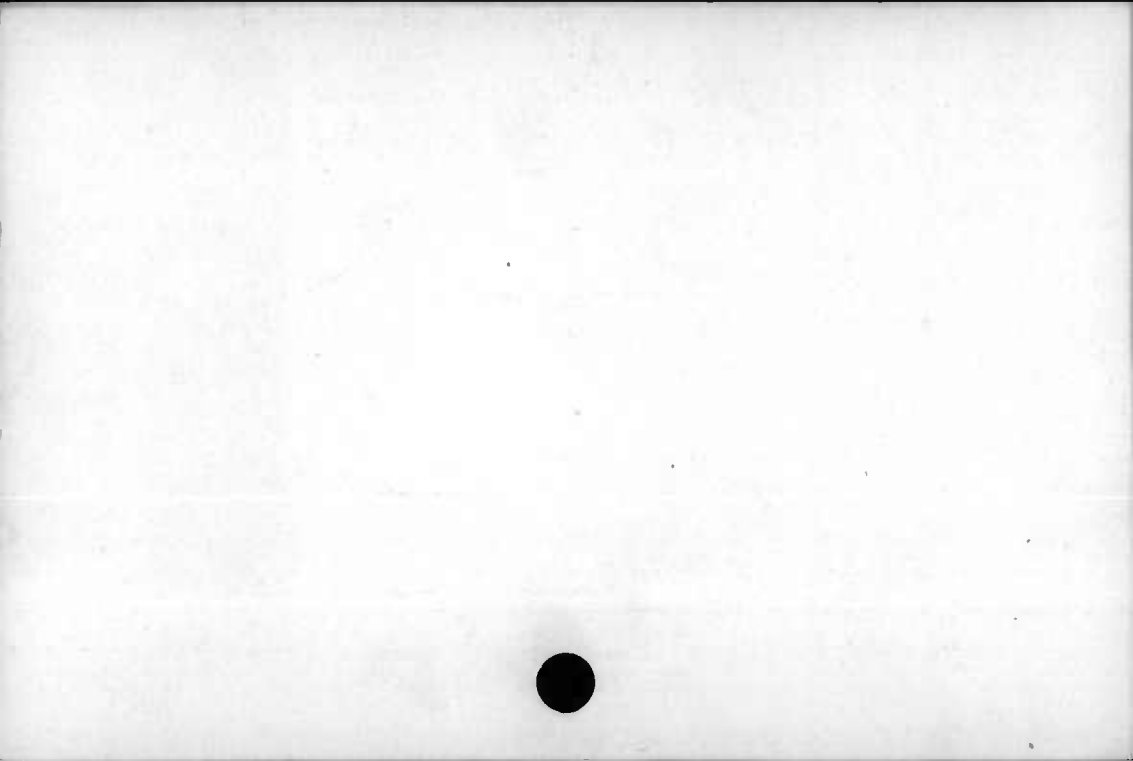
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Deal's Island		Somers		County		MARYLAND	
Date of death		1905 Sep 4		Age		3		10	
Sex		female		Color or Race		white		Birth-place	
Occupation				Where Residing if not at place of death		Deal's Island.			
Married, Single or Widowed		-		Name of Wife or Husband					
Father's Name		Willie Webster		Father's Birthplace		Deal's Island.			
Mother's Maiden Name		Lillian Webster		Mother's Birthplace		Deal's Island.			
Name of person giving information		Mrs Lillian Webster		How related to deceased		Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Iles. Colitis (Tuber. Pulmon.)		How long		One week	
Immediate		Asthenia		How long		3 days.	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. H. Alexander	
				Address		Somers Co.	
Accident or Suicide?							



Name
in
Full

Sandy Walford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Princess Anne* Town *Somerset* County

Date of death *1908* Month *Sep* Day *25* Age *62* Years Months Days

Sex *male* Color or Race *Colored* Birth-place *Manokin*

Occupation *Laborer* Where Residing if not at place of death *Princess Anne Md*

Married, Single or Widowed Name of Wife or Husband *Elizabeth Walford*

Father's Name *Sandy Bowland* Father's Birthplace *Somerset Co*

Mother's Maiden Name *Esther Walford* Mother's Birthplace *Somerset Co*

Name of person giving information *Elizabeth Walford* How related to deceased *wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

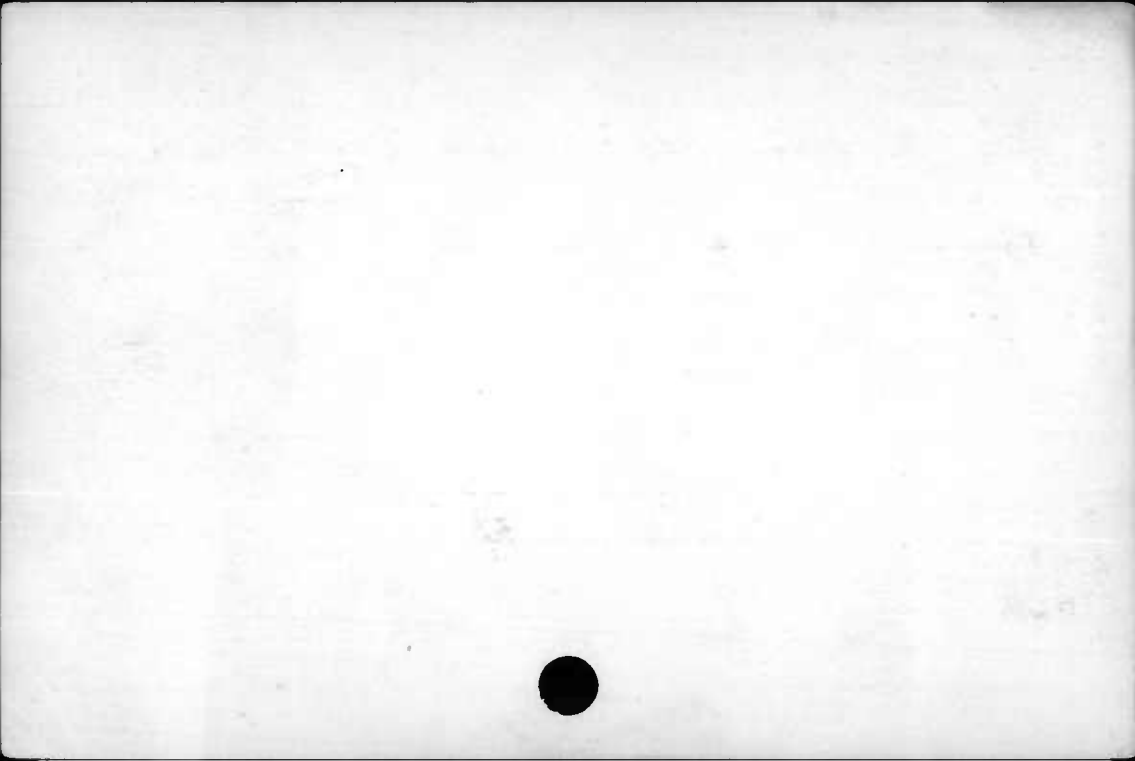
Primary *Tuberculosis* ☒ How long *1 1/2 Yrs*

Immediate *Weakness* ☒ How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas. W. Downing*

Address *Princess Anne Md.*

Accident or Suicide? ☒



Name
in
Full

Stooder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Green Hill</i>		Town <i>Green Hill</i>		County <i>Somerset</i>		
Date of death <i>1900</i>	Month <i>Sept</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>21</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>John H. Wooster</i>				Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Catherine Case</i>				Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>J. H. Wooster</i>				How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days.</i>
Immediate <i>Cardiac Failure</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. S. Fisher M.D.</i>
	Address <i>Princess Anne, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

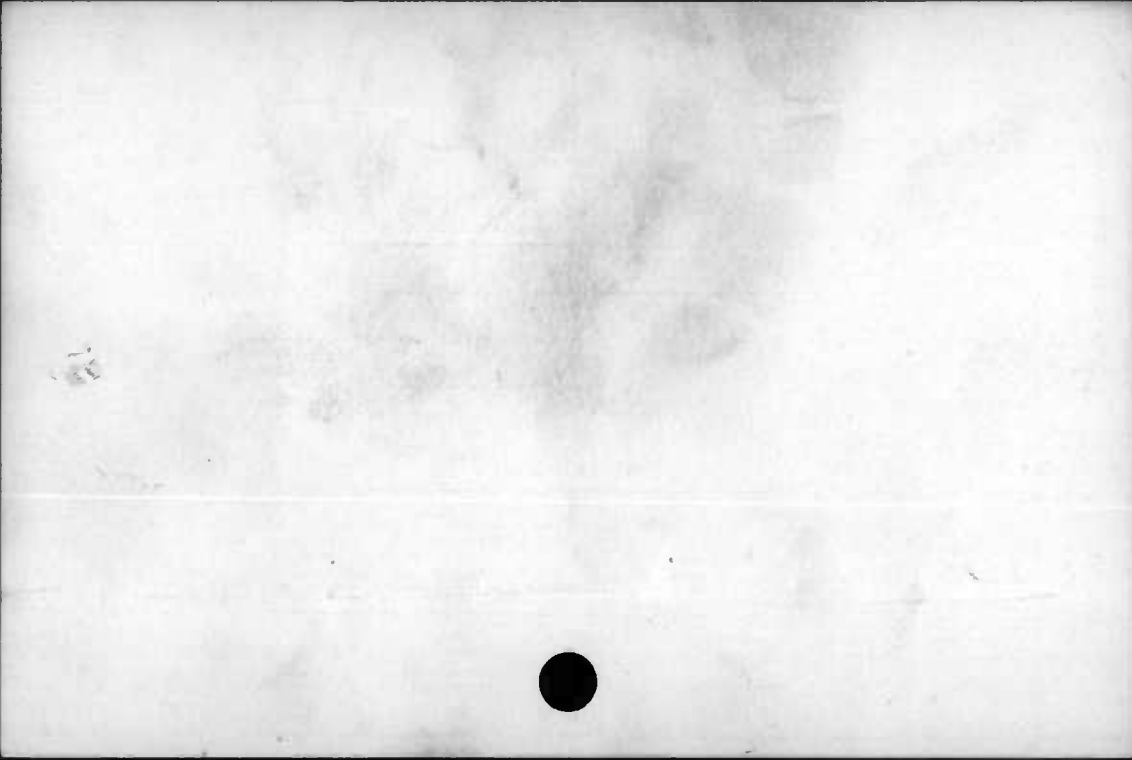
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Wright</i>		Town <i>Chamney</i>		County <i>Lanier</i>		STATE <i>MARYLAND</i>	
Died at <i>Chamney</i>		Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>14</i>	
Age <i>90</i>		Years <i>90</i>		Months		Days	
Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Mingo Wright</i>					
Father's Name <i>Arthur Johnson</i>		Father's Birthplace					
Mother's Maiden Name <i>Leah Johnson</i>		Mother's Birthplace					
Name of person giving information <i>Rufus Wright</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	How long
Immediate	<i>old age</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Mrs. Wm. H. Evans</i>
		Address <i>Deals - Island Po Md.</i>
Accident or Suicide?		



Name
in
Full

Amanda Young

CERTIFICATE OF DEATH

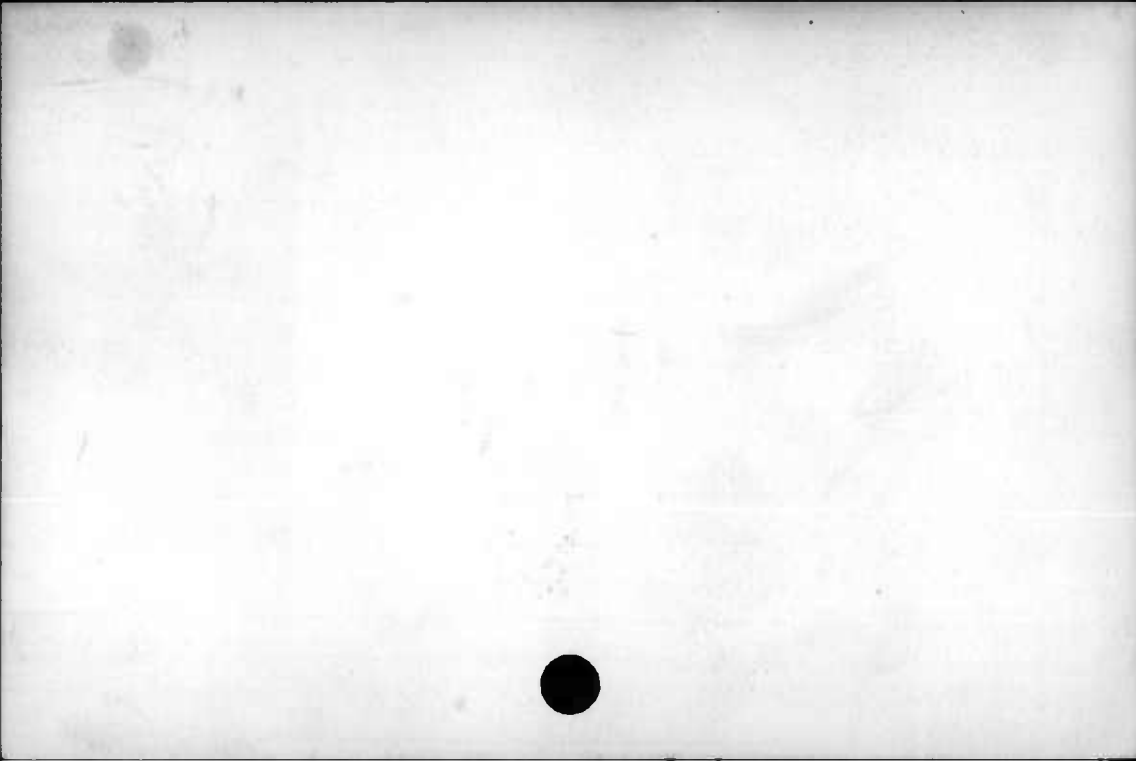
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marion</i> Town		County <i>Somerset</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Sept</i>	Day <i>22</i>	Years <i>Age About 60 yrs</i>	Months <i>Not Known</i>	Days
Sex <i>Female</i>	Color or Race <i>Ethiopian</i>		Birth-place <i>Somerset Co</i>		
Occupation <i>House work</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Jackson Young</i>			
Father's Name <i>Elijah Johnson</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Anna Holland</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Smith Bell</i>		How related to deceased <i>Son in Law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ulcers of Stomach + old age</i>	How long <i>Not Known</i>
Immediate <i>Hemorrhage from Bowel + Heart Failure</i>	How long <i>2 + hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Drs. Allen + Ewell</i>
	Address <i>Marion Station Maryland.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Larrea Young
Cireford Somerset
Sept 5 1905
Age 57

Months

Days

MARYLAND

Sex

Occupation

Color or
RaceWhere Residing if not
at place of deathBirth-
placeMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

